PLEASE PRINT

STATE OF NEW HAMPSHIRE

2017 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

RECEIVED

OCT 18 2017

NEW HAMPSHIRE

I. Name of Lobbyist(s)	Lyn M. Schollett		DEPARTMENT OF STATE
II. Name of lobbyist's pa	artnership, firm or corporation, if a	ny:	
	mpshire Coalition Against 1 of partnership, firm or corporation)	Domestic and Sexual V	Violence
PO Box 3		NH	03302
Business Address: (Street		(State)	(Zip Code)
(603) <u>224-8893</u> (Telephone)	(603) 228-6096 (Fax)	e-mail <u>lyn@nl</u>	ncadsv.org
	rs: (Choose one – file separate repor sactions which are not attributable (y file a separate report for
☐ All reportable transac	tions occurring in the months prior to	the reporting date relative to the	e following client:
New I	Hampshire Coalition Agains Full Name of Client as it appears on the Lo	st Domestic and Sexua bbyist Registration Form)	al Violence
	ions by the lobbyist (including the lob r client.	byist's family), or the lobbying	firm listed below which are
	April 26, 2017 Grom date of registration to 3/31/17	July 26, 2017 activity from 4/1/17 to 6/30/17	
	October 25, 2017 🛭 ivity from 7/1/17 to 9/30/17	January 31, 2018 ☐ activity from 10/1/17 to 12/31/	717
	o fees received and no reportable inplete just this form and submit it to the		
VI. Check if additional	reports are attached:		
If you have received	fees or made expenditures, you must f	ile Addendum A– Fees and Ex	rpenses
☐ If you have paid an h Expense Reimbursement	onorarium or reimbursed expenses, yo	ou must file Addendum B – Rep	oort of Honorariums or
	your family has made political contrib	utions, you must file Addendu	m C- Political Contributions
Sworn Statement/Affirm I have read RSA 15, RSA and complete to the best	nation by Lobbyist A 15-B, RSA 14-C and RSA 664 and h of my knowledge and belief.	ereby swear or affirm that the f	oregoing information is true
(Signature of lobbyist)	Though		e)
Lyn M. Schollett (Print Name of lobbyist)			